

## AGENCY OF HUMAN SERVICES

## **Regional Outcomes Report**

To be completed annually by Integrating Family Services Regional Core Team

This report should be submitted to the IFS Director, <u>Cheryle.Bilodeau@vermont.gov</u> by the last business day in February

Region:	Person submitting this report:
9	<u> </u>

### FILLING OUT THIS REPORT

This document was created to spur discussion in your core team and allow for regional strategic thinking and planning. This report does not need to be lengthy or include long narrative--you can respond with bulleted comments. The importance is the discussion that occurs during your meeting and to capture the information so this can be a living, breathing document that is used throughout the year. We do not want the completion of this report to be so time-consuming that it gets in the way of time and energy focused on children, youth and families.

#### **OVERVIEW**

This tool was created for the Vermont Agency of Human Services, for use by IFS grantees, IFS Regional Core Teams and IFS Regional Councils to assist in:

- Strategic planning;
- 2. Service delivery system design;
- 3. Tracking progress on population indicators and performance measures

### HOW AND WHEN THIS REPORT WILL BE USED

- **By Core Teams:** 
  - o IFS Regional Core Teams are expected to use this tool on an at least annual basis
  - o Complete and discuss in your core team
  - This report becomes a tool for each region to use for strategic planning
- **By AHS:** 
  - The information provided in this report to the IFS Director will be shared with leadership teams at the Agency as a way to chart progress over time in regions, share promising practices and assess needs/gaps in regions of the state.

Special Note: This report should also be used by Designated Agencies as their System of Care Plan that must be submitted each year to the Department of Mental Health as dictated by Administrative Rules and Title 18, Chapter 207 § 8908: Local community services plan. Each designated community mental health and developmental disability agency shall determine the need for community mental health and developmental disability services within the area served by the agency and shall thereafter prepare a local community services plan which describes the methods by which the agency will provide those services. The plan shall include a schedule for the anticipated provision of new or additional services and shall specify the resources which are needed by and available to the agency to implement the plan. The community services plan shall be reviewed annually. (Added 1979, No. 108 (Adj. Sess.), § 3; amended 2005, No. 174 (Adj. Sess.), § 47.)

RESOURCES TO REFERENCE WHEN COMPLETING THIS REPORT: See information at the end of this document

## **OUESTIONS TO CONSIDER WHEN COMPLETING THIS REPORT**

Please consider the following questions based on current trends and challenges occurring statewide. (Note that these questions will shift each year to take into account statewide planning.) They are intended to assist in framing your discussion, not to limit it in any way.

- 1. How are you working in your community to determine which team holds what discussion and decision-making (LIT, Accountable Communities for Health, BBF, Blueprint, Core Team, Advisory Council) and how they fit together?
- 2. How are all AHS providers working together with the family to coordinate the goals identified on different plans (e.g. Reach Up Plan, Family Services Plan, Children's Integrated Services one plan) so the family is supported and there aren't contradictory or overwhelming expectations being put on families?
- 3. How are you working together to address permanency for children (in and not in DCF custody) who are in out of home care or residential placement?
- 4. How you are responding to the opiate crisis in your region?
- 5. How have you used funding flexibility to:
  - a. Focus on family vs. individual client care?
  - b. Increase access and better meet needs of families and enhance their well-being?
  - c. Impact population health?

### FOR MORE INFORMATION OR TECHNICAL ASSISTANCE

If your IFS Regional Core Team would like assistance completing this template, please contact: Cheryle Bilodeau, IFS Director, (802) 760-9171, Cheryle.bilodeau@vermont.gov

Regional Outcomes Report				
POPULATION INDICATORS AND PERFORMANCE MEASURES	1. What are we learning from qualitative, quantitative and anecdotal information regarding the population indicators?			
Review the data from your region and answer the following two questions	2. Do they intersect the way you thought they would with performance measures?			
STATEWIDE APPROACHES  See IFS' Service Delivery Framework for more detail about approaches	3. How is your community embedding statewide approaches (Strengthening Families, Youth Thrive, Bright Futures) into your service delivery system?			
CORE SUPPORTS & SERVICES  See list at the end of this document for reference	4. What key successes did you have and what major challenges did you encounter in the delivery of the required Core Supports and Services of IFS Grantee which corresponds to funding in the IFS portfolio?			

PREVENTION & PROMOTION	5. On which promotion and prevention strategies did you choose to focus? How did they help turn the curve on the IFS population indicators?
INNOVATIVE PRACTICES	6. Which innovative practices did your region choose to develop and fund through IFS portfolio funds, including prevention and wellness efforts?
STRATEGIC PLANNING	7. Which community need(s) have you been able to address during the past twelve months that merits highlighting here?
	8. What are the gaps in your service delivery system and how do you plan to address them?
	9. What are the strengths in your service delivery system and how do you plan to build on them?  10. How are you using data to inform your service delivery system?
COLLABORATIVE LEADERSHIP	11. What is working well in this area?  12. What key challenges did you face in this area and how are you addressing them?
PARTICIPANTS WHO ASSISTED IN THE CREATION OF THIS REPORT	Name and Title/Role:

# **Reference Information for Completing this Report**

# The following can be found on the IFS Website: www.ifs.vermont.gov

- IFS Service Delivery Framework
- Act 264 Information
- IFS' Collaborative Leadership Framework

# **Population-Level Outcomes and Indicators**

Act 186 Outcomes	Pregnant women and young children thrive/Children are ready for school	Families are safe, stable, nurturing and supported	3. Youth choose healthy behaviors/Youth successfully transition to adulthood	4. Communities are safe and supportive
Population Indicators	a. % of children who are ready for kindergarten in all five domains of healthy development	<ul> <li>a. Rate of child abuse and neglect</li> <li>b. Number of Vermont families with one or more children who are experiencing homelessness</li> </ul>	<ul> <li>a. % of high school seniors who have a plan following high school</li> <li>b. % of adolescents in grades 9-12 who drank alcohol before age 13</li> <li>c. Number of youth (12-21) who have adolescent well-care visits with a PCP or Ob/Gyn</li> </ul>	<ul> <li>a. Rate of children living below the 200% poverty rate</li> <li>b. % of infants and toddlers likely to need care who do not have access to a high quality, regulated child care program</li> </ul>

## **Performance Measures**

How Much?	How Well?	Is Anyone Better Off?
<ol> <li>Number of children served by fiscal quarter</li> <li>Number of children served by age</li> <li>Number of hours of service</li> <li>% of services provided to child/youth with Medicaid</li> </ol>	<ol> <li>% of children with a plan developed collaboratively with families</li> <li>Satisfaction measure from family perspective</li> <li>% of children with a plan completed within 90 days of referral</li> <li>% of children (Prenatal to 6) that received initial contact within 5 calendar days</li> <li>% of children (Prenatal to 6) that had a transition plan (30 or 90 days before transition) upon discharge</li> <li>% of children/youth receiving non-emergency service within 7 days of emergency service</li> <li>% of children/youth living at home or close to home in a family-like setting</li> </ol>	<ul> <li>12. % of children/youth that have shown improvement on the CANS or an approved assessment tool</li> <li>13. % of children whose CANS score shows improvement in the family domain <i>OR</i> % of families who show improvement on an approved assessment tool</li> </ul>

14. Report any novel, innovative and successful initiatives taken in any arena (such as: quality, teaming, services, system, fiscal, or data sharing) in your region.

# **Core Supports and Services**

- Nursing
- Family Support
- Early childhood and family mental health
- Specialized child care
- Early Intervention Part C
- Evidence-based home visiting for pregnant and new parents-Nurse Family Partnership, MESCH and Parents as Teachers
- Respite
- In-home and community supports
- Child and Adolescent Needs and Strengths (CANS) is utilized for progress monitoring
- Mental health treatment
- Personal Care Supports
- Adolescent Substance Abuse Treatment
- Employment Supports
- Crisis response
- Youth in Transition
- EPSDT-Early, Periodic, Screening, Diagnosis and Treatment--services that are deemed medically necessary for children and youth up to age 21
- Local Interagency Team and Act 264/Coordinated Services Planning
- Screening and Assessment
- Service Coordination

## Acronyms used in this document:

**BBF: Building Bright Futures** 

CIS: Children's Integrated Services
IFS: Integrating Family Services
LIT: Local Interagency Team

SOC: System of Care